



PILOT GED® ACCOMMODATIONS REQUEST FORM

LEARNING & OTHER COGNITIVE DISORDERS

SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION: To be completed by GED® candidate

Complete all information and sign the release statement at the end of the section. Make sure that Sections 1-3 are complete before you submit the form to the GED Chief Examiner™ at the testing center where you plan to take the GED® Tests. The GED Chief Examiner™ will review the form and your documentation and let you know if additional information is required.

First Name: _____ Last Name: _____

Social Security/Social Insurance Number: _____ Date of Birth: ____/____/____ Age: _____

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (____) _____ - _____ Email: _____

Release of Information: I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to GED Testing Service® and its designees in connection with my request for testing accommodations. If you are under 18, a parent or guardian must also sign.

Test-Taker's Signature _____ Date: _____

Parent/Guardian's Name (if Candidate is under 18): _____

Parent/Guardian's Signature (if Candidate is under 18): _____ Date: _____

SECTION 2: REQUESTED ACCOMMODATIONS: To be completed by GED® candidate In consultation with professional diagnostician or advocate

Please indicate which accommodations you are requesting (check all that you are requesting):

- ☐ Extended Time: Standard time + 25% (total: 8 hr. 53 min.)
- ☐ Extended Time: Standard time + 50% (total: 10 hr. 38 min.)
- ☐ Extended Time: Standard time + 100% (total: 14 hr. 10 min.)
- ☐ Supervised Breaks: 30 minutes testing/5 minutes break
- ☐ Supervised Breaks: 45 minutes testing/10 minutes break
- ☐ Audiocassette with 50% Extended Time (total: 10 hr. 38 min.)*
- ☐ Audiocassette with 100% Extended Time (total: 14 hr. 10 min.)*
- ☐ Scribe*
- ☐ Calculator for Part II of the Mathematics Test
- ☐ Testing in a private room or reduced-distraction room
- ☐ Other (specify, and include a justification below): _____

*Note: accommodations marked with an * are automatically approved with a Private Room to prevent distraction to other test-takers.

<p style="text-align: center;">SECTION 3: Results of objective assessment: To be completed by professional diagnostician</p>
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Name of the disorder(s) for which GED® test accommodations are requested:

Part 1: The professional diagnostician or an advocate must complete this section. Supporting documentation must be attached to this request form. Documentation is current if the assessment was completed within the last five (5) years.

Documentation must:

- 1) Include a clear diagnosis
- 2) Include results from objective tests of intelligence and academic achievement (acceptable tests listed below)
- 3) Document the history of impairment
- 4) Confirm that the underachievement is not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second-language (ESL) factors
- 5) Provide information on current functional limitations that are likely to affect the test-taker's ability to take the GED® tests under standard conditions
- 6) Provide a specific rationale for each requested accommodation

Part 2: *Candidate's background information:* The qualified evaluator must provide a detailed letter or report. Examples of information that may be included:

- ☐ The history of the disorder, as well as its impact on academic functioning and functioning in other domains
- ☐ The candidate's educational history (not just the history of using accommodations)
- ☐ The candidate's history of using accommodations
- ☐ The current impact of the disorder on academic performance, employment (if relevant), and other daily activities
- ☐ The candidate's native language (if English is not the candidate's native language, then complete Part 3 below)

Part 3: *To be completed only if the candidate's native language is NOT English:* The following information should be specified in the diagnostic report (if not, please attach a letter of explanation):

- ☐ The report specifies when the candidate first learned English
- ☐ The report specifies the candidate's current level of proficiency with oral as well as written English
- ☐ The report includes a statement that English-as-a-second-language (ESL) factors are not primarily responsible for the person's current academic difficulties
- ☐ The report includes information about how the learning disability impacted language development in the person's native language

Part 4: *Regarding the diagnostic report:* The following information should be specified in the diagnostic report (if not, please attach a letter of explanation):

- ☐ *Age norms* were used for scoring all tests (except when unavailable from the test manufacturer)
- ☐ All test scores are included in the written report (Standard scores and equivalent percentiles)
- ☐ The report includes a specific diagnosis
- ☐ The written report includes SPECIFIC recommendations for testing accommodations (note that phrases such as "extended time" and "untimed tests" are not specific). If extra time is recommended, the exact amount (25%, 50% or 100%) is specified
- ☐ The report must include a rationale for each recommended accommodation

Part 5: Measurement of intelligence. Check which **ONE** of the following acceptable measures of intellectual functioning were administered:

- ☐ WAIS-IV (skip to Part 5a)
- ☐ WAIS-III, if administered on Dec. 31, 2010 or earlier (skip to Part 5b)
- ☐ WISC-IV, if administered within the past 5 years (skip to Part 5c)
- ☐ Kaufman Adolescent & Adult Intelligence Test (KAIT) (skip to Part 5d)
- ☐ Stanford-Binet Intelligence Scale-5 (SB-5) (skip to Part 5d)
- ☐ Reynolds Intellectual Assessment Scales (RIAS) (skip to Part 5d)
- ☐ WJ-III General Intellectual Ability (GIA) (skip to Part 5d)

NOTES: IQ screening measures (e.g., WASI, K-BIT) are NOT acceptable. Older editions of these tests are NOT acceptable.

Part 5a:

WAIS-IV Date: ____/____/____	Full-scale IQ: ____	Verbal Comprehension Index: ____
Processing Speed Index: ____	Working Memory Index: ____	Perceptual Reasoning Index: ____

Part 5b:

WAIS-III Date: ____/____/____	Verbal IQ: ____	Performance IQ: ____	Full-scale IQ: ____
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Note: WAIS-III results will only be accepted if the battery was administered on or before December 31, 2010.

Part 5c:

WISC-IV Date: ____/____/____	Full-scale IQ: ____	Verbal Comprehension Index: ____
Processing Speed Index: ____	Working Memory Index: ____	Perceptual Reasoning Index: ____

Part 5d: Other intelligence scores (when completed, skip to DECISION TREE, below)

Stanford-Binet Intelligence Scales-5th ed. (SB-5)

Date: ____/____/____ **Test Composite** (Standard Score): ____

WJ-III Cognitive Date: ____/____/____ **GIA Score** (Standard Score): ____

Reynolds Intellectual Assessment Scales (RIAS)

Date: ____/____/____ **Composite Intelligence Index:** ____

Kaufman Adolescent and Adult Intelligence Test (KAIT)

Date: ____/____/____ **Composite Intelligence Index:** ____

DECISION TREE:

- ☐ If the candidate has a Reading Disorder, skip to SECTION 4.
- ☐ If the candidate has a Disorder of Written Expression (including dysgraphia), skip to SECTION 5.
- ☐ If the candidate has a Mathematics Disorder (including dyscalculia) or a Nonverbal Learning Disability, skip to SECTION 6.
- ☐ If the candidate has a "Learning Disorder Not Otherwise Specified", skip to SECTION 7.
- ☐ If the candidate has another type of learning disability, skip to SECTION 8.

SECTION 4: Documenting the academic impact of the Reading Disorder: To be completed by professional diagnostician

<p>Part 1: Measures of <i>untimed</i> reading achievement: 2 or more of these tests must have been administered. Reading Achievement: Date ____//____//____ Insert the Standard scores: WJ-III Letter-Word Identification _____ WJ-III Passage Comprehension _____ WJ-III Word Attack _____ WIAT-II / WIAT-III Word Reading _____ WIAT-II / WIAT-III Pseudoword Decoding _____ WIAT-II / WIAT-III Reading Comprehension _____ PIAT-R/NU Reading Recognition _____ PIAT-R/NU Reading Comprehension _____ WRAT-4 Reading _____ KTEA-II Letter & Word Recognition _____ KTEA-II Reading Comprehension _____ KTEA-II Nonsense Word Decoding _____</p>	<p>Part 2: Measurement of <i>timed</i> reading achievement: 2 or more of these tests must have been administered. Insert the Standard scores: WJ-III Reading Fluency _____ *Nelson-Denny Vocabulary _____ *Nelson-Denny Comprehension _____ SATA Reading Vocabulary _____ SATA Reading Comprehension _____ Gates-MacGinitie Reading Vocabulary _____ Gates-MacGinitie Reading Comprehension _____ GORT-4 Oral Reading Quotient _____ (test-takers <18 years old only) KTEA-II Word Recognition Fluency _____</p>
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**See Nelson-Denny score conversion table at the end of this form.*

If the candidate has another learning disorder, complete the applicable sections below. If not, skip to SECTION 10.

SECTION 5: Documenting the academic impact of the Disorder of Written Expression: To be completed by professional diagnostician

<p>Part 1: Measures of <i>untimed</i> written language achievement Date: ____//____//____ 2 or more of these tests must have been administered. Insert the Standard scores: WJ-III Writing Samples _____ WJ-III Editing _____ WIAT-II Written Expression _____ WIAT-III Sentence Composition _____ WIAT-III Essay Composition _____ TOAL-4 Written Language Composite _____ PIAT-R/NU Written Expression _____ KTEA-II Written Expression _____</p>	<p>Part 2: Measures of <i>timed</i> written language achievement: 1 or more of these tests must have been administered. Insert the Standard scores: SATA Writing Composition _____ WJ-III Writing Fluency _____ TOWL-4 Spontaneous Writing Composite _____</p>
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If the candidate has another learning disorder, complete the applicable sections below. If not, skip to SECTION 8.

SECTION 6: Documenting the academic impact of the Mathematics Disorder:
To be completed by professional diagnostician

<p>Part 1: Measures of <i>untimed</i> mathematics achievement Date: ____//____//____ 2 or more of these tests must have been administered. Insert the Standard scores: WJ-III Calculation _____ WJ-III Applied Problems _____ WJ-III Quantitative Concepts _____ WIAT-II Math Reasoning _____ WIAT-III Math Problem Solving _____ WIAT-III Numerical Operations _____ PIAT-R/NU Mathematics _____ KTEA-II Math Computation _____ KTEA-II Math Concepts & Applications _____</p>	<p>Part 2: Measures of <i>timed</i> mathematics achievement: 1 or more of these tests must have been administered. Insert the Standard scores: WJ-III Math Fluency _____ SATA Math Calculation _____ SATA Math Application _____ WRAT-4 Math Computation _____</p>
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If the candidate has another learning disorder, complete the applicable sections below. If not, skip to SECTION 8.

SECTION 7: Documenting the academic impact of a Learning Disorder “Not Otherwise Specified:” To be completed by professional diagnostician

Part 1: Measurement of *untimed* achievement

Date: ____/____/____

3 or more of these tests must have been administered.

At least one of these must be a reading test,
and at least one must be a math test.

Insert the Standard scores:

WJ-III Letter-Word Identification	_____
WJ-III Passage Comprehension	_____
WJ-III Word Attack	_____
WIAT-II / WIAT-III Word Reading	_____
WIAT-II / WIAT-III Pseudoword Decoding	_____
WIAT-II / WIAT-III Reading Comprehension	_____
PIAT-R/NU Reading Recognition	_____
PIAT-R/NU Reading Comprehension	_____
WRAT-4 Reading	_____
KTEA-I Letter & Word Recognition	_____
KTEA-II Reading Comprehension	_____
KTEA-II Nonsense Word Decoding	_____
WJ-III Writing Samples	_____
WJ-III Editing	_____
WIAT-II Written Expression	_____
WIAT-III Sentence Composition	_____
WIAT-III Essay Composition	_____
TOAL-4 Written Language Composite	_____
PIAT-R/NU Written Expression	_____
KTEA-II Written Expression	_____
WJ-III Calculation	_____
WJ-III Applied Problems	_____
WJ-III Quantitative Concepts	_____
WIAT-II Math Reasoning	_____
WIAT-III Math Problem Solving	_____
WIAT-III Numerical Operations	_____
PIAT-R/NU Mathematics	_____
KTEA-II Math Computation	_____
KTEA-II Math Concepts & Applications	_____

Part 2: Measurement of *timed* achievement

Date: ____/____/____

3 or more of these tests must have been administered.

At least one of these must be a reading test,
and at least one must be a math test.

Insert the Standard scores:

WJ-III Reading Fluency	_____
*Nelson-Denny Vocabulary	_____
*Nelson-Denny Comprehension	_____
SATA Reading Vocabulary	_____
SATA Reading Comprehension	_____
Gates-MacGinitie Reading Vocabulary	_____
Gates-MacGinitie Reading Comprehension	_____
GORT-4 Oral Reading Quotient	_____
(test-takers <18 years old only)	
KTEA-II Word Recognition Fluency	_____
SATA Writing Composition	_____
WJ-III Writing Fluency	_____
TOWL-4 Spontaneous Writing Composite	_____
WJ-III Math Fluency	_____
SATA Math Calculation	_____
SATA Math Application	_____
WRAT-4 Math Computation	_____

**See Nelson-Denny score conversion table at the end of this form.*

If the candidate has another learning disorder, complete the applicable sections below. If not, skip to SECTION 8.

SECTION 8: To be completed by professional diagnostician

Other possible explanations for the disorder have been investigated, considered, and ruled out: As a professional diagnostician, you certify that the following statements are true:

- ☐ You are confident that English-as-a-second-language (ESL) factors are not primarily responsible for the person's academic difficulties.
- ☐ You are confident that a lack of educational opportunity is not primarily responsible for the person's academic difficulties.
- ☐ You are confident that another disorder (e.g., substance use disorder, a psychological or psychiatric disorder, a medical condition or physical impairment) is not primarily responsible for the person's academic difficulties.
- ☐ You are confident that during the psychoeducational evaluation the test-taker was fully engaged and appeared to be putting forth best effort.

Name of Diagnosing Professional: _____

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration Date: ____/____/____ Issuing State/Province/Territory: ____

Phone Number: (____) ____ - _____ Email: _____

Diagnosing Professional's Signature: _____ Date: _____

If the professional diagnostician is not available, an Advocate may help the Candidate complete this section. An Advocate is someone like a nurse or a teacher who helps the test-taker request testing accommodations. If you are the Advocate, provide your information below.

Name of Advocate: _____

Relationship to Test-taker: _____ Phone Number: (____) ____ - _____

Advocate's Signature: _____ Date: _____

Nelson-Denny Reading Test score conversion

Nelson-Denny scaled scores are based on a mean of 200 and a Standard Deviation of 25. To convert the scaled scores for use on this form:

1. Write the Vocabulary or Comprehension SCALED SCORE (mean = 200) here: _____
2. Subtract 200: _____
3. Divide by 25: _____
4. Multiple by 15: _____
5. Add 100: _____
6. Write the number in the space provided in either SECTION 4 Part 2, or SECTION 7 Part 2.

SECTION 9: To be completed by the GED Chief Examiner™

Part 1: *Evidence of current impairment:*

- ☐ The candidate has provided a detailed letter or report from a qualified professional that includes the following:
- Age that symptoms of learning problems first appeared
 - Age of first diagnosis
 - History of the impact of the disorder
 - The current impact of the disorder on academic functioning and other activities of daily living
 - A specific diagnosis
 - Recommended accommodations on the GED® test with specific rationale

Part 2: *Evaluator's letter or report:*

- ☐ The detailed letter or report from a qualified professional is:
- No more than **5** years old
 - Printed on the evaluator's letterhead
 - Signed by the professional

Part 3: Please review the form to be certain that all sections are complete and that all supporting documentation is included. Missing information may delay the review of the test-taker's request. Sign and date the form before sending it to your GED Administrator™.

GED Chief Examiner™ declaration:

- ☐ I have reviewed this request form and the attached documentation and verify that it is complete.

Chief Examiner Name: _____ 10-Digit Center ID #: _____

Test Center Name: _____

Phone Number: (____) ____-____ Fax Number: (____) ____-____

Email: _____

GED Chief Examiner's™ Signature _____ Date _____

SECTION 10: To be completed by GED Administrator™

Please review the form to be certain that all sections are complete and that all supporting documentation is included.

☐ This application is incomplete and requires the following missing information before it can be reviewed:

GED Administrator's™ Signature _____ Date _____

☐ This application is complete and the following accommodations are approved:

- ☐ Extended Time: Standard time + 25% (total: 8 hr. 53 min.)
- ☐ Extended Time: Standard time + 50% (total: 10 hr. 38 min.)
- ☐ Extended Time: Standard time + 100% (total: 14 hr. 10 min.)
- ☐ Supervised Breaks: 30 minutes testing/5 minutes break
- ☐ Supervised Breaks: 45 minutes testing/10 minutes break
- ☐ Audiocassette with Extended Time – 50% (total: 10 hr. 38 min.)
- ☐ Audiocassette with Extended Time – 100% (total: 14 hr. 10 min.)
- ☐ Scribe
- ☐ Calculator for Part II of the Mathematics Test
- ☐ Talking Calculator for the entire Mathematics Test
- ☐ Other:

☐ Private Room (due to approval of Audiocassette/Scribe/Talking Calculator)

☐ Other (specify): _____

☐ This application has been formally reviewed by the GED Administrator™ but, for the following reason(s) it has been forwarded to GED Testing Service® for review:

GED Administrator's™ Signature _____ Date _____

Phone Number: (_____) _____ - _____ Email: _____